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# Mental Excitement in a Psychopathic Institution: Its Prevention and Care

By Nursing Sister Elizabeth Mills, C. A. M. C.,
Cobourg Military Hospital

The diminution of noise and mental excitement in a psychopathic hospital is a very important and practical problem, which goes to the root of many difficulties connected with the management of the insane. It is universally accepted that, in any institution of this kind, the amount of disturbance should be reduced to a minimum, and the extent to which this has been accomplished may be taken as an index of the good management of the hospital. The difference between the state of the "Bedlams" of the past and the mental hospitals of the present day is largely the result of better methods of securing that quietness which is indispensable for the successful treatment of patients. Since consideration of prevention is inseparable from that of causation, our starting point is clearly indicated: we shall refer to several specific factors which are most commonly present to break that peace which should be characteristic of any institution devoted to the treatment of mental disease.

One of the chief causes of disturbance is mental excitement of the patients. This excitement may be either of two kinds: there is, on the one hand, the mental excitement due directly to disease as of the person suffering from the delirium of an acute toxic psychosis; this is an essential excitement caused by some abnormal stimulus arising within the body; in many cases no external sense impressions reach the patient's consciousness; it is therefore amenable only to treatment which has an effect on the disease itself. Obviously, the control of such excitement must be left to the medical officers, the nurse's only duty being to report its occurrence immediately and execute the physician's orders. Such cases are comparatively rare—in fact, in the Cobourg Military Hospital, not more than six cases coming within this category can be found in our wards at any one time.

There is, on the other hand, the mental excitement which is the reaction to some irritation in the environment acting on patients sensitized to irritation. This may be called non-essential excitement; it is temporary and paroxysmal in character, and naturally subsides with the removal of the irritation. It is this preventable excitement which causes by far the greatest proportion of disturbances in our wards, and its prevention and control devolve chiefly not on the medical officers, but on the nursing staff. The best means of influencing this kind of excitement lies in the discovery and removal of the source of the irritation. A well-directed attempt to grapple with this problem will test to the utmost the originality, resourcefulness and powers of observation of the mental nurse. However, the reward is great, and the benefits follow

so speedily that the relationship between cause and effect are obvious to all.

The sources of avoidable irritation to patients are innumerable. Demented individuals, like infants, when restless and troublesome, are usually suffering from some bodily discomfort. We have known such patients to become quiet after the relief of a distended bladder or rectum, a gastric lavage, the extraction of decayed teeth, the removal of an ingrowing toe-nail, or surgical attention to a suppurating ear. Night nurses have maintained quietness by giving a drink of warm milk, a soda biscuit, or a little tobacco to their charges. Numerous other ways of sparing the feelings of excitable patients and sheltering them from a multiplicity of irritating stimuli will occur to any thoughtful nurse who studies the habits and environment of her patients. It is obvious that such discriminating enquiries cannot be carried out in an atmosphere of turmoil and confusion, wherein abnormal physical conditions are almost certain to be overlooked and misunderstood; the nurse responsible for the treatment of mental excitement under the latter conditions is merely groping in the dark.

Every noisily excited patient should at once be placed where he cannot disturb his fellow patients; therefore, provision has been made in each ward for a partially isolated room to which the disturbed sufferer can come, accompanied by one or more nurses to administer suitable treatment, until calmness is restored and the danger of inflaming the others has passed. At the same time measures directed towards the improvement of the general health of the patient, and which operate indirectly to reduce the severity of mental symptoms, must be undertaken; the more serious cases are prescribed treatment in the continuous bath, or some other form of hydrotherapy; the dietary must be generous—the ration issued in the main dining-room having a food value of 4,000 calories with over 150 gms. of protein; special and extra diets are provided where indicated, and, whenever possible, occupational treatments and amusements are given in the open air. Such measures in the vast majority of cases produce the necessary calmative effect, thus making it unnecessary to employ chemical hypnotics and sedatives with their well-known deleterious effects.

The Cobourg Military Hospital, being organized on the so-called "non-restraint" system, seclusion and mechanical restraint are prohibited by the standing orders of the officer commanding, and all methods of a harsh, intimidating or repressive nature are vigorously proscribed. Coercive measures, we have learned, lay the foundation for future irritability by engendering a spirit of antagonism towards the hospital and resistance to its therapeutic agencies. Undesirable accidents, such as destructive episodes, violent outbreaks, suicides and escapes, are prevented by a close but unobtrusive supervision of each individual patient; doors to all dormitories occupied by patients are therefore kept open, except when a nurse or orderly is in attendance. Every precaution is taken to foresee and avoid situations which might lead to violent conduct.

There is no doubt that women nurses, though they cannot command effectual physical means of controlling them, manage mental patients with less irritation and fewer outbreaks than occur when male attendants are in charge. Nursing sisters in this hospital are almost ubiquitous. They are found not only on all wards both by day and night, but, if the visitor passes to the dining-room, the recreation hall, occupational therapy groups on the lawns—in fact, to any portion of the premises where there are patients, he invariably sees one or more nursing sisters directing the operations and watchful for ominous symptoms. Those who feel that the insane will take advantage of the milder methods of treatment little appreciate the power a well-poised, properly-taught expert nurse can exercise by calm persuasion and mental suggestion. Ward disorders can be more easily prevented by the judicious words of a quiet, self-possessed, gentle-toned woman nurse than by the threats and stormy commands of an angry orderly.

The following brief case summary serves to illustrate the difference between the modern treatment of the mental case and the older methods:

Private G—— was admitted to this hospital from a convoy. His documents showed that he had made an attack on an orderly in an asylum, and he was described as homicidal. Information was given that, on account of his violent and destructive propensities, it had been necessary to confine him in a padded room, and to keep him restrained by mechanical means for a considerable period. He came to us in a straight jacket, with severe bruises over his entire body, and the tips of his fingers deeply excoriated from his efforts to free himself. His facial expression was one of extreme terror, and when the orderlies approached to transfer him from the stretcher to the bed he gave a frightened shriek. His escort warned the nurse that if the jacket were removed the patient would surely kill somebody. Nevertheless, the matron, without hesitation, entered his room alone, placed a cigarette between his lips, lighted it for him, and at once proceeded with her scissors to cut the offensive confining apparatus from his body. The sight of the nurse's uniform seemed to bring both surprise and reassurance, for he asked: "Do you have nurses to take care of us here?" The words were at once an indictment of the shackling and terrorizing methods of his former treatment, and a touching testimony of the confidence reposed in the nursing sisters by the wounded soldier—even the soldier "wounded in mind." This patient did not speak an irrational word during his treatment here. Within a few days he was given parole privileges, and in less than three months was discharged to his home, fully recovered.

Of all individuals connected with the hospital, none can do more to disturb its peace than the nurses and orderlies. Therefore, it is of the utmost importance that only capable, conscientious individuals should be chosen to fill the ranks of the staff. In dealing with the psychoses, good nursing is much more important as a rule than medicinal or surgical procedures, and, therefore, the general intelligence and natural disposition of its personnel, supplemented by their conception of duty and knowledge

of nursing, determine in large measure the curative atmosphere by which the patients are surrounded during their hospital residence. Those who show a lack of suitable temperament and of sound, sensible, dependable qualities, and who persist in disturbing the wards by boisterous behavior and frivolous conduct, show a glaring want of consideration for their patients, and must undergo careful training to eradicate these defects. Noisiness amongst psychotic subjects is as infectious as measles; therefore, the staff must learn to handle keys, dishes, doors and furniture gently and quietly. They are requested to wear rubber heels and cultivate a noiseless tread; they must understand the necessity of promptly answering the telephone and waiter. Shouting commands to patients or fellow workers is regarded as inexcusable. Nurses must acquire the habit of speaking lowly and distinctly. If a nursing sister is negligent in these matters, she need not wonder if her orderlies regard them lightly.

The corridors in the hospital have been covered with battleship linoleum and rubber treads to abolish the noisiness caused by the irritating tramp of many feet on hardwood floors; the blowing of whistles and ringing of bells has been restricted to emergency alarms. It has been found that even a disorderly appearance of the wards is suggestive; hence the importance of keeping the hospital at all times scrupulously neat and clean from roof to cellar; and of repairing immediately accidental damage to walls, paint and equipment. No detail is too small to deserve attention in our campaign to reduce to a minimum the number of irritating stimuli from every source.

It must not be forgotten that in the less acute cases occupation promotes quietude. We have all noticed how much more excitable patients become when, for any reason, the usual amount of occupation cannot be arranged. Fortunately for the patients here, provision has been made for carefully graded bodily and mental exercise for every suitable case; basketry, bead work, typewriting, carpentry, shoe-making, painting, athletic sports, musical drill, educational classes, dancing and musical instruction have been so organized that a definite programme may be mapped out for each patient to fill the entire day, from the time of rising till bedtime. Even in the case of those whose bodies must remain inactive, employment and diversion are provided at the bedside by the ward aides detailed to the acute dormitories. Much is lacking in the endeavors of any nurse if listless and unemployed patients are a customary sight in her ward.

Owing to the excellence of the therapeutic facilities in this hospital, one misses many unseemly spectacles which are all too common in institutions for the insane less generously staffed and equipped. There is an absence of "herding," of the drooling statuesque, unkempt appearance of advanced dementia; visiting psychiatrists have frequently commented on the fact that the special attention and supervision provided has given our cases the appearance of an exceptionally mild type. The morbid process is the same, however; and there is no doubt that, under less favorable

conditions, mental disintegration would be as rapid and complete in the case of our patients as in those seen on the chronic wards of any asylum where patients are given only custodial care.

Though cognizant of our inability to attain perfection and to secure the entire abolition of maniacal excitement in our hospital, yet, as the staff becomes more proficient in the application of the newer methods, we are approaching closer and closer to that ideal. Experience has convinced me that, by unceasing vigilance in checking troublesome and disorderly tendencies before they have formed into habits, and by perseverance in an attitude of kindness towards the patient—not a mere sentimental kindness, but a constructive kindness based on an understanding of the deeper springs of the aberrant behavior of the mentally deranged, the atmosphere of any institution for the mentally afflicted can, and should, be made as quiet and peaceful as that of any well-conducted general hospital.

## ALOPECIA AFTER INFLUENZA

Loss of hair has followed many cases of influenza, especially those that were particularly severe. A writer in a medical journal says that the patient must be put in good physical condition and assured that the prognosis is good. The scalp must be cleaned of dandruff by means of a sulphur ointment. Sufficient vegetable oil must be used to keep the hair glossy by slightly wetting a cloth with the oil and then rubbing it over separate strands of hair. After the dandruff is removed a dram of salicylic acid to six ounces of alcohol, or bay rum, should be used as a stimulating lotion. A light hat should be worn so as not to interfere with circulation and ventilation.—*The Nursing Mirror.*

## Dont's for the Private Nurse

Don't dillydally after you get a call if you want doctors to depend on you. Get to the case promptly, or say at once that you cannot be there for several hours.

Don't imagine that you can discipline a patient in his own home as you would in a hospital ward. It can't be done.

Don't expect your patients to provide you with special appliances or tools for your work. Every doctor has his own appliances, every carpenter and plumber has his kit of tools. Have yours also.

Don't neglect to keep your hypodermic syringes in good working order. Apologies will not make up for time lost in an emergency, when a hypodermic is badly needed and yours will not work.

Don't forget to study your patient. Humor his likes and dislikes when it makes no difference.

# The Future of the Private Duty Nurse

By ANNETTE FISKE, A. M., R. N.

Read at the Convention of New England Nurses at Portland

I have been asked to give a paper on the future of the private duty nurse, a subject of very great interest to the whole nursing profession and to the private duty nurse in particular. Opinion in general is divided as to whether the place the private duty nurse has won is so valuable that nothing can ever wrest it from her or whether she is going soon to become a thing of the past, all those who are sick either going to the hospital for care or having the public health nurse care for them in the home, according to circumstances and the degree of sickness. I was interested a while ago to hear a prominent member of the profession, who only a few years ago wrote a paper to prove that the attendant was an absolutely unnecessary and undesirable person, giving as her reasons the facts that the best care is none too good in time of sickness, and that a nurse at hand all the time was wholly unnecessary where the public health nurse could come in, as the latter could give all needed care—I was interested to hear this nurse say recently that the private duty nurse was most valuable, that she should be very sorry to see anything happen to her. Personally, I do not think the private duty nurse is going out of existence, though, if she does, it will be the fault of the nurses rather than that of the public. I cannot believe all the world is going to the hospital when sick. For many years the leaders of the profession, who have ever been more interested in institutional than in private work, have tried to educate the public to go to the hospital, in order, as one of them very frankly said, to provide better training for the nurses in the hospital. That was a queer way of working in a circle. The nurses were ostensibly being trained in hospitals in order to give inexpensive and effective care to the sick there, and at the same time the sick were being sent to the hospitals, not because they necessarily needed to go there, but because they would make good material for the nurses to practice on and get experience. And yet I do not believe but what, if a person can have a good nurse present all the time and can afford the nursing necessities, the patient, except in rare instances, is better off and makes a more satisfactory recovery at home than in a hospital. The normal preference of a person is to stay at home when sick, and the propaganda for every sick person to go to the hospital, especially where it is based, not on the welfare of the patient, but on that of the nurse in training, though it has been pretty successful, will never, it seems to me, win full success.

The great danger to private duty nursing lies within the profession, more particularly in the low ideals and standards that have now been championed for years. It lies in part in the rank and file of nurses who shrink from the self-sacrifice and devotion called for in private duty nursing and to whom the better hours and the greater independence of

public health nursing naturally, and, to a degree legitimately, appeal. The greatest responsibility, however, lies with the heads of training schools, with those who set the so-called standards, arrange the curricula, and give the atmosphere to the schools. It is they who can bring home to the pupil nurse, or fail to do so, the great opportunity open to her in giving personal care to the sick in their homes, the beauty of devotion and self-sacrifice and how they form one of the highest and most satisfying rewards the nurse can know; who can spur her nurses on to self-forgetfulness and consecration or point them to the unsatisfying way of ease and self-seeking. The atmosphere of the training school seems to be ignored, to count for nothing, and yet it is just such subtle influences that make for good or evil, that teach the person to give their best or their poorest. And then the curriculum, how many schools really encourage the pupil to take up private duty nursing after graduation by directly and thoroughly preparing her for it? To be sure, the great majority of graduate nurses have done private duty nursing for years, but why did they do it? Was it because their training especially fitted them for it? Or was it not rather because, despite the fact that their training did not particularly fit them for it, it was the largest field of work open to them, practically the only one, aside from institutional work? And is it not true that, since other fields are opening to them, they are turning more to them? Unless the profession really wants the private duty nurse to go out of existence, is determined that she shall do so, why does it not train nurses distinctly for that branch of work? Yet, perhaps, because nurses have been forced by circumstances into that branch of work regardless of preparation, preparation has come to be regarded as unnecessary; whereas in the case of public health nursing, which is a later development, and offers sufficient attractions to make it possible to require a certain preparation, the need of special preparation has been recognized from the start.

The influenza epidemic brought the private duty nurse into her own last fall, and the real importance, nay, the essential character of her service, was recognized as never before. This recognition brought with it the recognition of the place that rightly belongs to the attendant in the home in the absence of the graduate nurse, and it also brought a realization of what the private duty nurse has meant to others in the profession, to the institutional and the public health nurse, and it brought the confession that these last needed experience in private duty nursing to round them out and give them their greatest efficiency. Why, then, is not some provision made for training along this line while the pupil is still in the school and under supervision? Or is she supposed to take a post-graduate course at the expense of the public without supervision? I have heard graduate nurses refer, beneath their breath, as it were, to a few weeks of case work given them while still in training as the greatest boon, as proving of inestimable value when they came to enter the homes of patients after graduation. Why give such training haphazard, accidentally, as it were, and not openly acknowledge it is beneficial, nay, essential?

Why? Because they do not dare. Miss Adda Eldredge may have dared to stand for it in words, protecting herself with the admission that it was heretical, but would she dare act up to it and plan the training in a school accordingly? Why should she not dare? Why is every training school to have a curriculum exactly like that of every other training school, and why is nothing new to be introduced until circumstances actually force it, as was practically the case with district nursing, though that was never accepted as it should have been? What is the matter with the nursing profession that it is so slow to progress, so reluctant to adopt new ideas, so narrow and prejudiced?

The great trouble is the absolute lack of ideals and standards. Much has been heard of late years of keeping up the "standards," but what are they? A great mistake has been made. Women who knew little or nothing of educational matters have undertaken to bring the training schools within the class of educational institutions and to set educational standards, as they consider them, for the profession. Had they stuck to nursing and nursing standards, matters of which they presumably knew something as graduates of a training school, the profession would have remained in a self-respecting position and would have had some standards worth considering, instead of being in the ignominious position it now occupies of having no standards worthy the name. Perhaps as a graduate and an A.M. of a college whose degrees are countersigned by the President and Fellows of Harvard University as being equal to the degrees of that institution, I may venture to say a few words on educational methods and standards, and I tell you there is no school or college in good standing that would put the number of hours or weeks spent on a subject before the amount of knowledge of that subject gained by the pupil. There is no college that would care whether the pupil had two years of a given subject consecutively or skipped a year between. In fact, if more was to be gained by inserting another course between, the student would be advised to do so. There is no college that would set the number of courses taken above the actual power of accomplishment attained during the course. Capacity to do is the criterion of the effectiveness of a college training. Yet the nursing profession has adopted as its so-called standards not the power to care for a patient, the knowledge of how to run a hospital, the acquaintance with human nature and the laws of living as well as of nursing that enable a person to go into the homes of the poor and give acceptable and effective service, but so many months of this training and so many months of the other and a two years' course of hospital work that cannot be broken into even for the benefit of the pupil and her future patients, in order to give her more adaptability, a greater knowledge of people and their living conditions, an insight into the troubles of others and sympathy for them. One of the best, if not the best, training schools in the country, that at Waltham, Massachusetts, has recently been turned down by its State Nurses' Association because, although *every one*, including all these nurse "leaders," say it graduates excellent nurses, it does not give its two years of hospital work consecu-

tively, being convinced by long experience (of which these other people know nothing) that the training is greatly improved by so interrupting it. At the same time small private hospital training schools, in which no contagious experience, practically no obstetrical work, no district work, and very little medical work are given, where, in fact, the training is almost wholly surgical, are accepted. Do they think that they disgrace the school they turn down under such circumstances? If so, they are mistaken. They disgrace themselves and their profession by failing to grant the barest justice to acknowledged merit. So long as the nursing profession allows such low standards, or lack of standards, to prevail, it cannot hope to win respect or to inspire high ideals in its members. Such standards bring inevitably equally low standards in individuals, not on the part of all, the heavens forefend, but on the part of many, who are unconsciously influenced by the attitude of those to whom they have been taught to look up to and whose opinions they have been taught to respect and to accept. Complaints are heard of nurses failing in consideration, failing in devotion, failing in common honesty. There are black sheep in all professions; but where those who are supposed to set the pace in justice and good feeling and high ideals fail so ignominiously, what can one expect of the rank and file? Generosity, a love of fair play, determination to see justice done should be the guiding principles in any organization, and, where those are lacking, the body has no leaders, no one to look up to for guidance. Perhaps more than any other set of nurses the private duty nurse, being very largely isolated from the rest of the profession in their daily work, need leaders with high principles and devotion who will help them retain the spirit of self-abnegation and self-sacrifice that is essential to the best performance of their duties. They, more even than others, need to insist on the maintenance of true standards of good nursing and of high ideals in the profession. They should protest such arbitrary methods, such rank injustice as is shown when any school, whose graduates are universally acknowledged an honor to the profession, is condemned.

—*The Trained Nurse and Hospital Review.*

## LABOR

Let me but do my work from day to day,
In field or forest, at the desk or loom,
In the roaring market-place or tranquil room;
Let me but find it in my heart to say,
When vagrant wishes beckon me astray:
"This is my work, my blessing, not my doom;
Of all who live, I am the one by whom
This work can best be done in the right way."

HENRY VAN DYKE.

## Saving Babies in Halifax

Prepared by MRS. E. M. MURRAY
Contributed by MRS. WM. BLIGH, Halifax

It is true that one can never tell how far-reaching a thought, a word, an act may be, nor how pregnant with good for many. When Miss Luxon, superintendent of the Victorian Order of Nurses at Halifax, a year ago, spoke to the local president, Mrs. Dennis, about having a baby contest as a basis for showing mothers what could, and should, be done for babies, she little dreamed of the present adaptation of her idea; for Halifax has just completed an eight-day baby-saving week, which has garnered up all the work of all the welfare organizations and workers for years past as a result of that suggestion. It looks as if this old city had entered upon a new era, when its infant death rate shall be a better index to its intelligence than it has ever been in the past.

The Local Council of Women took the responsibility of holding the week's conference with an exhibit, and had the hearty co-operation of the Victorian Order, the St. John Ambulance Brigade, the Graduate Nurses, the Welfare Bureau, the Dispensary, Halifax Infants' Home, and others, and last, but far from least, the Massachusetts-Halifax Health Commission, without whose aid not nearly so much could have been accomplished. The Mayor and City Council, the Premier of the Province and Lieutenant-Governor Grant all gave the project sympathetic support, while the Rotary, Commercial, Progressive and Fortnightly clubs all invited the visiting experts to address them.

The exhibit sent from Montreal by the Baby Welfare Bureau of that city proved to be most interesting and instructive. The Montreal Bureau also sent Miss Drew as demonstrator. The Canadian National Committee for Mental Hygiene sent Miss I. N. Cole, an expert in mental hygiene, formerly of the Johns Hopkins Psychiatric Clinic, with a mental and social hygiene exhibit. These loaned exhibits, occupying six booths, were supplemented by eight booths carrying graphic exhibits, local in lesson, and three booths used in measuring, weighing and judging the improvement of three hundred babies for six months under the care of the Victorian Order of Nurses.

The moving pictures viewed by four hundred school children each morning, shown each afternoon and evening before lectures, and illustrated thoroughly all phases of baby hygiene.

The programme had great scope and variety, and was participated in by all the authorities in the various phases of public health, physical and mental, both in the city and the province.

There were three sessions daily: the first, beginning at 10 o'clock, was mainly for school children, who, in two detachments under the supervision of their teachers, enjoyed the film pictures, the exhibit

itself, and listened to an interesting talk by Miss Drew. What the children got from these sessions is to be tested by little stories they are to write of their experiences, the best of which will probably be published in the local papers.

Among the topics for discussion were "Nova Scotia's Baby Problems, Present and Future," ably handled by Dr. W. H. Hattie, Provincial Medical Health Officer, who was the first speaker after the formal opening by His Honor Lieut.-Governor Grant and His Grace Archbishop Worrell. All the papers and discussions following grew out of this opening paper, and all of them dealt with some phase of Nova Scotia's baby problems. Dr. Clarence Miller, of New Glasgow, talked delightfully on "Better Babies for Nova Scotia"; Dr. J. L. Churchill handled the question, "Why Halifax Needs Plans for Baby"; and Rev. Dr. William Foley, of St. Mary's Cathedral, set out "The Value of a Baby Life."

Having found out the value of a baby to the community, it was essential to discover what the community could do for the baby. Dr. B. Franklin Royer, executive officer of the Massachusetts-Halifax Health Commission, started this side of the discussion with an enlightening talk on "The Health Centre as Affecting Baby," followed by "What Registration May Mean to the Baby," by Mrs. E. M. Murray.

Another session heard Dr. A. F. Miller, medical superintendent of the Provincial Sanitorium, talk on "Protecting Baby from Tuberculosis"—a thing that Nova Scotia sadly needs to learn. The talk was simple, helpful, encouraging, and sounded the keynote of "Prevention." This was the dominant thing in all succeeding talks, such as "The Causes of Diarrhoea in Babies," by Dr. M. G. Burris, of Dartmouth; "Correction of Remedial Defects in Babies," by Dr. S. J. McLennan, of Halifax; "Milk Mixtures for Bottle Babies," by Dr. E. Kirk MacLellan, Halifax; "Importance of Breast Feeding for Babies," Dr. May Austen; "Protecting Baby from Contagious Diseases," Dr. A. C. Jost; "What Bacteriology Has Done for the Baby," Dr. A. G. Nicholls; "Hygiene of Birth Chamber," Dr. C. S. Morton; "Heredity as it Affects Baby," by Mr. J. B. Kenny, president of the board of directors, Halifax Dispensary, and "What Labor Organizations May Do for Baby," by Mr. John T. Joy.

Following "Prevention" came the "Care of Babies," and under this head there were many phases of "Care" discussed and many good things said. If any one paper could be said to be more important than another, perhaps it would be possible to rank Dr. W. H. Schwartz, of the Halifax Dispensary, as having achieved that first position. His topic was, "New Born Babies. Why Blindness?" It is safe to say that Dr. Schwartz told some plain old truths and some important new ones in a way that will be long remembered. Other valuable papers and demonstrations in the department of the "Care of the Baby" were "Hygiene of the Baby," by Miss Barrington, Halifax Infants' Home; "Bathing and Dressing the Baby," Miss Tait, Victorian Order of

Nurses; "Health Teaching in Baby's Home," Miss Kilrain, director of field and clinic work in Halifax County for the Anti-Tuberculosis League; "What Women May Do to Lessen Wastage of Baby Life," by Miss MacKintosh, Dean of Women's Faculty, Acadia University; "Baby's Tooth—What Care Should We Give It," Dr. W. Woodbury; "Effects of Bad Housing on Babies," Mr. J. T. Wilson; "Revitalizing Devitalized Babies," Miss Bamford, of the Children's Hospital, Halifax; "What Father May Do for Baby," Venerable Archdeacon Armitage, St. Paul's Church; "What Mother May Do for Baby," Mrs. J. Charlotte Hannington, chief superintendent V. O. N., Ottawa; "What Sister May Do for the Baby," Miss Wisdom, general secretary Welfare Bureau; "Weaning the Baby," by Dr. A. I. Mader; "What the Red Cross May Do for Baby," by Mrs. William Dennis; "Clothing for Baby," Mrs. R. H. Murray, Dartmouth; "What Milk-Producers May Do for the Baby," by Mr. John A. MacDonald, president Milk Producers' Association; "Certified Milk for Bottle Babies," Dr. George Townsend, Dominion Department of Agriculture; "Effect on Babies if Entire Milk Supply Were Pasteurized," Dr. B. Franklin Royer; and a very important address on "Social Hygiene as Affecting Babies," given by Miss Cole, expert in charge of the Social Hygiene exhibit.

Never before has it been the good fortune of Halifax to hear so much about the prevention of disease and the proper care of babies in any given time, as was heard during the eight- and a-half days at the Baby-Saving Conference. There can be no surer proof that its educational purpose was accomplished than that a psychiatric clinic has already been decided upon in connection with the Halifax Dispensary.

The Baby Contest, which was not a baby show, appealed to a very great many mothers, and the number of babies brought for examination increased daily. In fact, the last session held on Wednesday morning, November 12th, saw more babies presented for the tests than on any previous day. The value of this one feature alone can scarcely be overestimated, for mothers learned there how to bring their babies up to standard, and the doctors and nurses engaged in the examination also learned what help it lay in their power to give.

### Important Side Issues During Halifax Baby-Saving Week

In addition to the regular sessions held at Trinity Hall during the Baby-Saving week, there were a number of special meetings addressed by Miss Drew, Miss Cole and Dr. Royer, all of which must have some marked effect upon the outcome of this conference. These special meetings afforded opportunities for plain speaking to selected audiences that it might have been difficult to put over in more general gatherings.

Lieut.-Governor Grant held one of these meetings at Government House; Premier Murray called another at the Legislative Council Chamber, and Mayor J. S. Parker held still another at the City Hall. The Rotary, Commercial, Progressive and Fortnightly clubs followed

suit, inviting these leaders to speak at their regular luncheons; and a number of smaller organizations, including the Frances Willard, W. C. T. U., the I. O. D. E. and the Graduate Nurses' Association, also heard Miss Cole and Miss Drew. Besides this, there were numerous teas and other social functions, at which these speakers were heard to great advantage. The enthusiasm of all these workers, their devotion to the great question of public health, seemed to give them unlimited staying powers, for none of them, during a tremendously busy ten or twelve days, ever refused to comply with a demand for enlightenment.

One of the helpful things in these special meetings was the emphasis laid upon prenatal conditions; the necessity for one moral standard for both sexes; the menace of the age-long secrecy connected with venereal diseases, and the pressing necessity for segregating the feeble-minded, more particularly girls and women of child-bearing age. The effect upon Halifax has been tonic and electric, and it is not too much to hope that personal as well as community responsibility was brought home to each and all of these groups.

There was one other special meeting of great importance called on Saturday morning, with the Supervisor of Public Schools in the chair. The main purpose of this meeting was to "Measure Baby's Mentality" by Binet-Simon tests. The test was conducted by Miss Cole, using a backward schoolboy as a subject, and proved intensely interesting. The discussion following this exhibition was participated in by Dr. J. Johnstone Hunt, judge of the Juvenile Court; Dr. Eliza Bryson, superintendent I. O. D. E. Home for Mentally Defective; Dr. W. H. Hattie, Provincial Health Officer; Lieut.-Governor Grant, and Rev. Dr. Symonds, of Montreal.

Now that the conference is over, a good deal of follow-up work is to be undertaken, so that the good effect may not only not be lost, but may at once be crystalized into intelligent and effective action. A few of the main factors in bringing about this condition will be the new Massachusetts-Halifax Health Commission, with its tireless worker, Dr. Royer; the Halifax Dispensary, whose directors have shown great interest and enthusiasm, and the Welfare Bureau.

The Local Councils of Women and the Women's Institutes of the Province of Nova Scotia have agreed upon a united effort to secure an appropriation from the Legislature this coming session to establish a home for kindly segregation of feeble-minded. This conference, and all that grew out of it, will give a great impetus to this movement.

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## TRUST

Build a little fence of trust around to-day;
Fill a space with loving work, and therein stay.
Look not without the sheltering bars upon to-morrow;
But take whatever comes to thee, of joy or sorrow.

## Team Play for Health

By EUNICE H. DYKE

The public health nurse learns very early that her individual efforts will make slight impression upon the health of her community unless those efforts are directed towards stimulating the interest and activity of others.

The motto of the American Association of Public Health Nurses is: "When the desire cometh, it is a tree of life." In the homes, in the schools, and in the wider community, the desire to be clean and to be healthy must be awakened.

In the hospital, the patient is admitted for medical diagnosis and treatment. He is isolated from his environment and must submit, frequently without explanation, to routine and treatment ordered by others. In the schools this same practice is in vogue. But this passive condition does not exist in Canadian homes, and action can be secured only by awakening the family to the need for action. Governments realize that it is useless to legislate in advance of public opinion, and community action is secured as the result of carefully considered propaganda. The public health nurse must therefore learn to study the background and point of view of those she serves, and must also study the point of view of those individuals or organizations who are, or might become, interested in the health of the community.

It is not enough for the public health nurse to know the symptoms and treatment of disease; she must know her community and have the capacity to secure action. While she may have certain routine duties determined by the nature of the organization employing her, the permanent influence she exerts upon the individuals for whom she is made responsible depends upon her ability to inspire those individuals to cleaner, saner living. In order to influence the living conditions over which those individuals have little control, the public health nurse must bring about family or community action. A child needs dental care. It may be that the father and mother must learn the value of a toothbrush, or it may be that the community must decide to establish free dental service. The child must want to have a clean mouth

The nurse who works *for* others is easily found — the training schools of the past have graduated her in large numbers; but the nurse who works *with* others is the one with a wider influence for health. She is found in the ranks of institutional and private nurses, but in still greater numbers amongst child welfare, school, social service, and similar groups of nurses. The spirit of her work is team play for health.

When we work with others, we should know them in order to work effectively. It is amazing the number of people the public health nurse finds interested in some way in the health game. A good plan for the inexperienced public health nurse to follow is to list the people who are

or should be, interested in the health of the baby, school child, or adult, in whom she happens to be interested. She might, at the same time, compile a list of the individuals and organizations interested in the health of the community, recording also the reason for their interest and the possible influence they might exert. As her knowledge of the community deepens, the list will grow in length and interest.

*Parents.*—First in importance on the list will come the parents. We may safely assume that all parents want their children to be healthy, and are prepared to make sacrifices for them. Their interest may be unintelligent, but we may build upon the good in that interest. With cleanliness and comfort in mind as the essentials for an infant's clothing, the nurse may appreciate the love shown in the bright-colored, elaborate clothing made for the baby by the proud mother, and later, perhaps, make her understand why the tight flannel binder is harmful, and teach her to feed the baby with a regularity the grandmother would not approve. At the same time, the big sister may be learning at school to appreciate the simplicity and economy of the modern baby's outfit, and the wisdom of studying the baby's diet. But here comes in one of the serious problems of the school nurse.

The school child offers an opportunity for bringing new standards of healthful living to the home, and yet none of us wishes to make the child the critic or advisor in home affairs, which are the responsibility of father and mother. The moment we have done that, we have created a situation more dangerous than lack of cleanliness. The indignant letters received from parents when children bring messages of criticism from the school nurse are a sure sign that the approach to the homes has not been planned intelligently. The most tragic thing that can happen to any child is to lose respect for his father and mother, and the easiest way to antagonize a mother or father is to make the child respect the opinion of teacher or nurse more than that of the home. Some way can usually be found of reaching the home directly—not only the mothers, but the fathers. For this reason, if for no other, parents' associations are valuable.

Group conferences alone will not fill the need. The school nurse must find time to meet some of the parents individually, and, if criticism is to be given, the child should not be present. One mother, who persisted in sending her child dirty to school, was summoned to the principal's office, and, in his presence, the nurse explained the injustice of allowing the child to come dirty amongst children who would despise him for that condition. One principal, whose school is noted for its cleanliness in a neighborhood noted for its dirty homes, has slowly brought about that result by impressing upon each mother, when she first admits the child, that the children are expected to wear washable clothing. Most of the older boys wash their own blouses and underwear; but the first approach to the home was through the mother, and she, therefore, supports the boy in his efforts to be clean. Slowly, she too may wish to be clean; but it will not be because her son brought home a message of criticism.

Best results from the physical examination of school children by the doctor are obtained when father or mother is present at the examination. Naturally, the advice offered directly to the parent carries more weight than a written or verbal message brought home by the child.

In addition to group and individual conferences with parents, the interest of the press can be secured to keep the public, which includes the parents, informed of the work being done in the schools, and of the co-operation expected from the parents.

*Clergy.*—Every public health nurse has learned to turn to the minister, or priest, for support in handling difficult situations. It is a safe rule to follow, however, to have representatives from more than one of the principal religious faiths act upon general committees, and to turn to the denomination with which the family is most closely identified when an individual problem calls for the influence of the church.

*Teachers.*—The influence of the teacher cannot be estimated. For five hours a day, forty weeks of the year, and for at least seven years, the teacher holds a very close relationship to the child. Obviously she should be interested in health, which is a basic thing in the child's development. If she, herself, knows the rules of healthy living and the symptoms of the diseases of childhood, the nurses do not need to spend many hours in the classroom. The teacher will keep the room ventilated, secure good janitor service, and report children requiring the attention of the nurse. Minutes spent in enlisting the interest of the teacher save hours of the nurse's time, and, in addition, the teacher who understands the work of the nurse will call upon her for teaching and social service work which can be done more effectively by the nurse, with her special training and elasticity of duties and hours.

*Employers.*—Employers are a strong factor in the health of a community. At what age do they accept employees? Is overtime work permitted in departments employing the adolescent? Is the ventilation good, and are the washrooms well placed and in order? Is one industry maintaining such low standards that the inspectors from the Department of Labor should be asked to investigate? Is one industry maintaining standards which might be made a matter for community pride? Can you interest your employers in having medical inspection of your schools perfected in order to prevent immature, defective children graduating into industry? The Board of Trade is probably the most powerful agency in a community where matters affecting the tax-rate are concerned. Should they not be interested in any measures which affect the health of the employees and the homes, and, therefore, the efficiency of the employees?

*Municipal Boards.*—Municipal councils, boards of health, boards of education, and all official bodies, are composed of individuals and are elected to serve the community. If they fail to understand the health needs of the community, it is because those needs have not been presented to them in language which compels their interest. These are the men who appropriate money for the things the town says it wants. If

the citizens want cleanliness and health, and tell their representatives what they want, those representatives get it for them.

Chief among the virtues of municipal bodies is community pride—a good thing for public health workers to remember.

*Women's Organizations.*—Groups which educate and interest public opinion exist in every community. Foremost amongst these are the Local Councils of Women, the Women's Institutes, and the Red Cross Societies.

Opportunities constantly offer to enlist the interest of women's organizations in material relief, better medical and dental service, housing, various phases of child welfare, venereal disease, recreation, and any local condition calling for action. Public opinion, that powerful thing, is created by organizations such as these.

*Other Organizations.*—Among the other groups influencing public opinion are church societies and political organizations, but it is fatal for the public health nurse to become identified in the minds of the public with any one religious or political group. The same difficulty arises with labor unions and employers' associations.

*Medical Agencies.*—Doctors, nurses and hospitals all have an obvious part to play in the health of the community. This section of the public health nurse's list of the people interested in health may reveal puzzling features. Duplication of effort, or lack of harmonious effort, sometimes exists among members of this group, who, presumably, should understand each other best and be most capable of team play. Dr. Vincent, president of the Rockefeller Institute, in discussing the difficulty of co-ordinating the various health organizations in the United States, suggests a resemblance to the question of church unity. Perhaps we are so different because we are so much alike.

Either by maintaining health or curing sickness, we aim to keep people alive and unhampered by physical weakness, but our methods differ. For good team play amongst medical agencies, it is necessary for the different players to know each other and the part which may be played by each. The public health nurse has at least a general knowledge of the work of the hospitals, private physicians, and the private duty nurses. Unfortunately, the work of the visiting nurse, the school nurse and similar public health workers is not always understood by the other groups. This may be due to the fact that the public health nurse does not fully understand her own work or possibilities. Certainly, sufficient reasons are that we have not gone back to our hospital schools often enough to tell them about our new ventures, and that we have not tried sufficiently to link our work up with that of the private physicians. The plan adopted in some cities of including public health nursing in the three years' course will bring the training schools in touch with the public health workers, since the pupil nurses must go to them for field work. The critical interest of the training schools will be good for us. One of the questions they will ask some of us is why we do not do more

bedside work in the home, and, of others, why we do not do more teaching or social service work. They will ask why our hours and salaries differ from those of the hospitals, and they will ask why we do not work more closely with the physicians. We may find, when we try to answer their questions, that we have drifted too far away from the methods of the older groups, or perhaps we may bring a new vision into the hospital wards.

A safe rule to follow in any team play is never to do anything that another can do better. If a hospital outdoor department is equipped to give special treatment, why establish a school clinic? There may be reasons for doing so, but they may be unworthy ones and not in the interests of public economy or efficiency. The school or clinic physician may be responsible for diagnosis and treatment, and yet may be indifferent and irregular in his attendance; but the nurse cannot wisely attend to his duties, even if she should happen to have the knowledge needed. Possibly a request from the Women's Institute for him to read a paper on his work might help.

Another rule in team play is that there must be a leader. There are few to-day who question the statement that the municipal, provincial and federal health departments must be recognized as the responsible leaders. Unworthy ones will be replaced by worthy ones as the character of the game and the need for leadership becomes more generally understood.

The most distressing situation possible is to find oneself assigned a part in team play and to be unequal to it. Public speaking is acknowledged to be the duty of the public health nurse, yet how hard it is to play up worthily! To all of us come the times when we find the training given in our hospital schools quite inadequate for the tasks facing us. For that reason, a part of each public health nurse's salary must be spent upon books, magazines, and perhaps upon post-graduate courses.

In this team play for health, the role of the public health nurse is that of teacher, whether in the home, the school, or the factory. Her best teaching is often by doing, and her opportunity to teach may come from the service she has given. The overburdened mother will listen to the visiting nurse who has bathed the baby and left it quietly sleeping. The school principal will co-operate with the nurse who has straightened out the home tangles that made his star pupil an irregular attendant at school.

The public health nurse learns many things about teaching health, and one of them is that people and communities must first realize that they are not clean or healthy before they will change their manner of living. No medical inspection room is complete without a mirror, in which a child may study his dirty appearance, or the white face that follows too frequent evenings at the movies. A comparison between a child's teeth and the picture of a healthy mouth may give the courage needed for a trip to the dentist. Similarly, statistics are helpful in convincing a community that action is needed. The story of one baby's

death may be powerful in securing a child welfare clinic, but for continuous effort the facts of the local infant mortality and a comparison with neighboring localities will be necessary. Records of non-attendance at school, due to illness, may help to break down opposition to a medical inspection department. It sometimes pays to spend time in compiling or securing statistics, and, if the pressure of other work is too great to allow us to do it ourselves, the interest of others, perhaps better qualified for that kind of work, must be enlisted.

The public health nursing organization is fortunate that has the sympathetic co-operation of some department interested in statistics, since constant analysis of time given and of results is essential to good planning. Close co-operation with the vital statistics department of her town will add interest to the nurse's work and probably to that of the town clerk. The success or failure of public health work must be judged by mortality and morbidity tables. A knowledge of the sum total of results deepens consciousness of the community team play for health, and it is the team, not the individual, which wins the game.

## "IN PROUD AND LOVING MEMORY"

A laurel and palm wreath has been placed on the Cenotaph in Whitehall by the Canadian Army Medical Corps Nursing Service "in proud and loving memory of all nurses who have given their lives for their country, 1914 to 1919." The wreath is in memory of all nurses—regulars and others—who have died on war service, and is a touching reminder —if one were needed—of the reverent memory in which the dead are held by those who knew and loved them on earth.

The world has no room for cowards. We must all be ready somehow to toil, to suffer, to die. And yours is not the less noble because no drums beat before you when you go out into your daily battlefields, and no crowds shout about your coming when you return from your daily victory or defeat.—ROBERT L. STEVENSON.

The under-mentioned nurses, of the Canadian Army Medical Corps, have been brought to the notice of the Secretary of War for valuable services rendered: Nursing Sisters L. R. Aikman, E. T. Bagshawe, L. R. Batty, H. Bernard, M. L. Brown, A. A. Carscallen, E. J. Casswell, L. E. Denton, M. C. Drew, J. Fitspatrick Smith, M. G. For, H. Franks, E. M. Fraser, R. R. Graham, D. C. Gray, G. A. Gray, J. Johnston, H. Kerruish, N. E. MacDonald, L. McConachie, G. F. Pope, Matron; Assistant Matron Powell; Nursing Sister E. K. Ralph, Matron E. B. Ross, Nursing Sister E. Scatcherd, Nursing Sister A. Sutherland, Matron V. A. Tremaine, Nursing Sister L. A. L. Turner.

## Examination Papers, Provincial Registration
## New Brunswick

### Surgery

1. (a) Define fracture.
   (b) Give classification of fracture.
2. Mention the unfavorable symptoms, which should be watched for, following operation.
3. What two discomforts is the patient likely to experience during the first twenty-four hours following operation?
4. What causes post-operative fever?
5. Classify wounds.
6. Describe Sim's position.
7. Define disinfectant, deodorant.
8. How would you sterilize "cutting instruments"?
9. How would you prepare normal saline solution?
10. What is hypodermo clysis?

—Paper given by Dr. W. W. White.

### Materia Medica

1. (a) What are emmenagogues?
   (b) What are galactagogues?
2. (a) Give maximum and minimum dose of strychnine, sulphate.
   (b) What are the symptoms of strychnine poisoning?
3. (a) Name three (3) cardiac stimulants.
   (b) Name three (3) cardiac tonics.
   (c) Name two (2) cardiac depressants.
4. Name three (3) local anaesthetics and four (4) general anaesthetics.
5. What is the action, use and dose of ergot?

### Hygiene

1. (a) Why is deep-breathing important?
   (b) Give reasons why mouth-breathing is injurious.
2. How would you ventilate a room in cold weather, without danger to a typhoid patient?
3. What instructions should be given to an open case of tuberculosis in a home?
   (a) As to the care of the patient?
   (b) As to the protection of members of the family and community?
4. How would you protect food, milk and water from infection?
5. Describe the hygienic care of a pregnant woman.

—Paper given by Miss E. C. Sanson, Fredericton, N. B.

### Obstetrics

1. What are the usual symptoms of pregnancy?
2. What do you understand by the term "labor"? What are the symptoms?
3. What are the stages of labor? When do these begin and end?
4. When is ergot given during labor? Why?
5. What points should be noted on the chart of an obstetric patient, for the first forty-eight hours following confinement?
6. What are the symptoms of puerperal sepsis?
7. To what causes may sepsis be due?
8. What do you understand by the term "abortion"?
9. What are the symptoms of abortion? What are the dangers?
10. What nursing care would you give a patient threatened with abortion?

—Paper given by Miss Retallick.

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### Anatomy and Physiology

1. (a) Define tissues.
   (b) Give classification of same.
2. Describe and locate the occipital bone.
3. Describe and locate a ball and socket joint and a pivot joint.
4. Name and describe the muscle separating the thoracic and abdominal cavities.
5. Give origins and insertions of gastrocnemius, deltoid and latissimus dorsi.
6. Describe general circulation and name blood vessels.
7. Describe the changes the food undergoes in the mouth, stomach, small intestines and large intestines.
8. Name and describe briefly the coverings of the brain.
9. Name the urinary organs and give their functions.
10. What change is wrought on the blood by respiration?

—Paper given by Miss Branscombe, St. Stephen, N. B.

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### Medical Nursing and Dietetics

1. What points should you note in taking a pulse?
2. Name the diseases caused by bacteria. Also give the name of the bacillus causing the disease and the period of incubation of the disease.
3. Name three (3) common respiratory complications of influenza. Write a brief note on one (1) of them.
4. In case of carcinoma (cancer) of the stomach with vomiting, state how you would prepare the food and feed it to your patient.
5. A baby, age seven months, has diarrhoea. Outline what you think would be a suitable diet.

6. What do you understand by (a) oedema, (b) tympanites, (c) delirium, (d) insomnia, (e) anaemia, (f) hysteria, (g) dyspnoea, (h) cyanosis, (i) tinnitus aurium, (j) ascites?
7. A patient has been ordered a hypodermoclysis of normal saline solution. State how you would prepare it. In what class of medical cases may it be used?
8. Give the dietetic treatment of a case of chronic intestinal nephritis (Bright's Disease).
9. Distinguish between intermittent, remittent, and continued fever. What would you do in a case of hyperpyrexia in enteric fever?
10. A man, past middle life, is found unconscious. Name the probable causes. What first aid would you give as a nurse?

—Paper given by DR. G. G. VANWART.

## The Nurse's Library

*Accidents and Emergencies.* P. W. Dulles, M. D. 8th Edition. P. Blackiston, Son & Co., Philadelphia. Price, $1.00 net.

The mere fact that this is the eighth edition of this book proves how valuable it is. The suggestions for dealing with emergencies are most simple and practicable. They are intended for first aid use and to fill the interval until the services of a physician can be obtained. This edition has been brought up to date, the illustrations are many, and a very careful index and cross references add to the helpfulness of this book.

*Bacteria and Protozoa for Nurses.* Hubert Fox, M. D. 3rd edition. Lee Febiger, Philadelphia and New York.

A compact, well-illustrated and simple book, prepared to give nurses an idea of the nature of micro-organisms and their relation to the world's economy, particularly to disease. An excellent text-book on this important subject.

### JUDGE NOT

In men whom men condemn as ill,
I find so much of goodness still;
In men whom men pronounce divine,
I find so much of sin and blot,
I hesitate to draw a line
Between the two, where God has not.

JOAQUIN MILLER.

## Nativity

By Laura Spencer Proctor

I.

My soul and life a stable are.
Dark, warm within—outside a star.
Lord Christ, thy home is high and far.

My stable, though a sheltering thing,
It was not built to shield a king,
Nor angels with up-pointed wing.

The cattle, simple, dumb and kind,
In it a humble comfort find
'Gainst cold and hunger and rough wind.

They look not if the roof be tall;
Each takes his rest within his stall,
Nor finds his sweet-breathed portion small—

Yet, Lord, if Thou shouldst ever be
In need—or any dear to Thee
Want shelter—Lord Christ, think of me.

II.

Within the stable safe and low,
Behold how great-winged angels go,
How worshipfully to and fro,

Where humble cattle came and went,
With food appeased, with rest content,
Wise kings in worship now are bent,

And where the stable-master plied
His simple task, with heart untried,
Glad shepherds kneel, awed, sanctified.

Gifts of the first fruits of the fold,
Of frankincense, and gems, and gold,
Spread on the humble straw, behold!

Thus on a night Lord Christ, his grace,
Remembered me, and for a space
Made my abode his dwelling-place.

—*The Atlantic Monthly.*

# Editorial

It has been requested that prominence be given to the decision of the executive of the C.N.A.T.N. that the year book containing the convention proceedings will not be published owing to the great expense of printing it.

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## CORRECTION

Through some error, the articles in the November issue — "The Study of Ethics in Schools of Nursing," "The University and the Training Schools for Nurses in the Vancouver General Hospital," and "Clubs in the Training Schools" — were not marked as having been read at the C.A.N.E. and the C.N.A.T.N. conventions in Vancouver.

* * * *

The editor has again the privilege of wishing all the subscribers to the magazine a very merry Christmas and all other good wishes of the season. Looking back on the year just over, one is tempted at first to feel that so little has been accomplished in the great regeneration and reconstruction of the world hoped for by the ending of the great war. As a matter of fact, we are far too near the ending of it to be able to get a just view of what is in course of emerging from the chaos. To us, as nurses, both collectively and individually, the same unrest is found as in everyone else. To us it seems as if the message for the New Year should be, "Go Slowly." We are tempted into a rapid course of action that may be disastrous to the profession, and, while always advancing, should be sure that our changes are on a firm foundation and carefully thought out. It is far easier to start than to stop any plan, and the conservative as well as the radical has her place in any scheme for changing present conditions.

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Among the suggestions received by the editor as to improvements in the magazine was one suggesting that a question box be established. As the editor has repeatedly asked for letters, questions, and some evidence of interest in important matters, this is a rather discouraging suggestion. At no time has sufficient interest been taken in such matters as shorter hours for pupils, the proposed memorial to Canadian overseas nurses, the attendant, etc., to allow the editor the privilege of printing any letters on the subject; so, if there is any way of persuading Canadian nurses to take enough interest to ask questions, the editor will be overjoyed to print the same and to start a department of this kind. This seems to be a matter for each individual nurse, and the suggestion may be given to them and not to the editor.

# Victorian Order of Nurses

A Post Graduate Course of four months in District and Public Health Nursing for graduate nurses is given at the training centres of the Order, namely: Ottawa, Montreal, Toronto and Vancouver.

Salaries during the course and good openings after successful termination.

For full information, apply to the Chief Superintendent, Room 4, Holbrook Chambers, 104 Sparks Street, Ottawa, Ont.

## Letters to The Editor

My Dear Editor:—

I am enclosing postal order for subscription to *Canadian Nurse*. Through pressure of work, I have delayed doing so; consequently, am asking for the October number, as my renewal was not in time to receive it. Our *Canadian Nurse* is doing excellent work. I am hoping they will start a vigorous campaign for the opening up of post-graduate courses in our Canadian city hospitals, and thus save thousands of nurses to Canada. I think if the C.N.A. made that an objective it could be accomplished, and would be of incalculable benefit to the Canadian nursing profession.

Very truly yours,

ELSIE MASTER.

NEVER SAVE BY SACRIFICE

Men come to Liberty's estate;
No birthright helps us here at need;
  Each must be taught by stern probation
That they alone are free indeed
  Who bind themselves to serve the nation.

OWEN SEAMAN.

There is no way under heaven by which a person can be happy without being good, clean, square, and true.

## The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.

First Vice-President—Miss Amy Desbrisay, 638A Dorchester St., West.

Second Vice-President—Miss H. M. Dunlop, 209 Stanley Street.

Secretary-Treasurer—Miss S. Wilson, 638A Dorchester St., West.

Registrar—Mrs. Burch, 175 Mansfield Street.

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The annual meeting of the Canadian Nurses' Association was held in the club-room on Tuesday afternoon, October 7th, at 3 o'clock. After the election of officers and the transaction of business, Col. the Rev. Canon Almond gave a very interesting and stirring address to the nurses on "What We Can Do in the Present Crisis." Refreshments were served —the gift of Mr. Morrice, of the General Hospital.

Miss Cole, M.G.H. 1913, has gone to be lady superintendent of the Sherbrooke Hospital, and Miss Barwick, M.G.H. 1916, to take charge of the operating-room. They both entered on their new duties on October 1st.

We are glad to welcome Miss Moffatt among us again, after an absence of three months at Ballston Spa, N. Y.

The November meeting of the C.N.A. was held in the club-room on Tuesday evening, 11th inst. After the transaction of usual business, Professor Falk, of McGill University, gave an interesting lecture on "The Responsibilities of the Professional Classes in Regard to Social Progress."

A Hallowe'en party was given to the nursing staff of the Alexandra Hospital by Mr. W. J. Morrice. Nurses were invited from the Royal Victoria, Montreal General, Children's Memorial and Lachine General Hospital. Supper was served at 11 p.m., and dancing kept up until 12.30 a.m. There were present, besides the nurses and their friends, several of the visiting medical staffs, with their wives, and all enjoyed a very happy evening.

Miss Isabel Stewart, of the massage department, Ste. Anne de Bellevue, entertained her fellow-workers and the members of the vocational training department at a very enjoyable tea at her home on St. Joseph Boulevard on Saturday, October 18th.

Miss Hill, of the massage department, Ste. Anne's, was knocked down by a motor last week, but was not seriously injured.

## CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES

To the Nurses of Canada:—

The Canadian National Association of Trained Nurses is sending a letter and booklet of the West China Union University to our affiliated organizations and to the Canadian hospitals, to interest them in the undertaking, and also to solicit co-operation of Dr. Service if he makes a direct appeal in your community.

The campaign has been started in Toronto, and the nurses here are undertaking to make a personal canvass of every nurse in the city. Next week is the time planned for this work. We have found all the nurses we approached most sympathetic, and I am sure the nurses in your community will be interested also.

We are asking each nurse for a five-dollar contribution, but smaller contributions are also gratefully received. Of course, some nurses who are particularly interested will probably give more than the amount asked.

Will you be sympathetic also and do what you can in your association and hospital community? It is really very little to do to help to meet the very great need in China.

Will you organize a committee and take an active part in the campaign? The secretary, Dr. J. N. E. Brown, 238 Bloor Street, West, Toronto, will send you all the literature you require to circularize your members.

All contributions are to be sent directly to the treasurer, Dr. W. E. Willmot, 74 Crescent Road, Toronto.

As the amounts raised by the different professions, the medical, dental and nursing are to be kept separate in an effort to know to what extent each profession responded, kindly mark each subscription as coming from a nurse when it is sent in.

We hope for your hearty co-operation.

Sincerely,

JEAN I. GUNN,
President.

The above letter from the president of the C.N.A.T.N., sent to every affiliated association, explains the desire of the association to help with the cause of nursing in China. The plan of the West China Union University is to add to the equipment already in use a combined medical and dental college, and to develop the training for nurses to a much larger degree than ever before. It is hoped that all the nurses in Canada will feel that they can help financially in this work.

# News from The Medical World

By Elizabeth Robinson Scovil

### Dominion Health Council

The Hon. Newton W. Rowell summoned a meeting of the new Council of Public Health for the Dominion of Canada in October. The board has fifteen members, consisting of the chairman and chief executive officer of each provincial department, or board of health, in Canada, together with two women connected with women's activities, and a representative each of agriculture, academic, military and labor interests. The Dominion Government has set apart $180,000.00. Of this sum, $10,000.00 is to be used for the combatting of venereal diseases and $1,000.00 to be expended by the Federal Department of Health on the same lines. The balance of the fund is to be assigned to the provinces, to be met by similar amounts granted to the provincial governments. The Council discussed measures against influenza, the conservation of child life, industrial hygiene, rural hygiene, habit-forming drugs, and a recommendation was sent to the Minister of Health, which, it is hoped, will reduce the habit of drug-taking.

### Constipation

A book of medical lectures says that many of those who are continually complaining of constipation are suffering more from fear and hypochondria than from anything else. It is no law of nature that the bowels should be relieved functionally once in twenty-four hours. Some persons feel better when the bowels act once in two or three days; free evacuations are followed by a sense of weakness. Patience and contentment with nature's operations are not the worst remedies for constipation. Diet, exercise, calisthenics or walking are recommended, sometimes rest and recreation. Fifteen minutes should be devoted each morning to the endeavor to have a movement. This all applies to normal cases in adults. Cathartics should not be given to children, except under exceptional conditions and by medical advice.

### Marriage Laws

Thirteen states have laws which are enforced, relating to venereal disease in connection with marriage. The purport of them all is to prevent the marriage of all those persons infected with acute syphilis or gonorrhea.

### Disease in Belgium

Affections due to uncleanliness were numerous in Belgium during the German occupation. The principal reasons were the absolute lack

of soap and the high price of coal. It being impossible to boil linen and underclothing when laundered, all kinds of contagious skin diseases were transmitted on a large scale by this means. Staying at even first-class hotels was associated with real danger from the standpoint of contagion.

### The Bowels During the Puerperal Period

At a meeting of the American Association of Obstetricians and Gynecologists it was stated that, during a series of experiments, nine hundred women were given routine catharsis and nine hundred and eleven were not. Among the nine hundred who had catharses, eighty-four at some time during their convalescence developed a temperature of 100.4 F. Among the nine hundred and eleven to whom no catharsis was administered, fifty-three developed the same degree of temperature. It was not urged that there is never any necessity for the administration of a cathartic during the puerperium, but the danger and uselessness of routine drugging were strongly emphasized.

### A Health Centre

A journal says a health centre is a place where people may come to learn how to keep well. It is not too expensive for any community with a population of 10,000. It is simplicity itself, a single room in the central part of the town where the public health nurse and the doctor in attendance can give advice to people on matters of health. It should be conducted by the board of health of the municipality, as it is a municipal duty to see that the health of the citizen is preserved. Very often it is more easily started by the Visiting Nurse Association, or some private philanthropic agency, who could carry it on for a time until taken over by the municipality. Pre-natal instruction can be given here, the infant supervised; it can be a conference centre for the child of pre-school age, the school child, the child in industry, and for the adult. Every community, or group of small communities, should have one.

### The Sea Sponge in Gynecology

A medical journal advises the use of the sponge in gynecologic surgery, which distends as it soaks up fluids, and gauze loses its elasticity. The experimenter had never seen any bad effects from its use.

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The biggest men in the world to-day, the biggest men in history, the men who have made the most money, done the most good, and in every way have been most successful, have been what is termed God-fearing men. No use in trying to dodge facts, and this is one of them.

—*Graphica.*

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Why is it that people who are troubled with insomnia are generally so proud of it?—*Life.*

# Public Health Nursing Department

To be thoroughly equipped to face any emergency of either peace or war, the State must take a more constant and intelligent interest in the health and fitness of the people.—David Lloyd George.

The decision of the annual meeting in Vancouver to form a public health section of the Canadian National Association of Trained Nurses was acted upon immediately by the executive, which appointed a committee of five representative nurses to organize the section. The committee is as follows: Miss Eunice H. Dyke, convener, Director of Public Health Nursing, Department of Public Health, Toronto, Ont.; Miss O. Z. De Laney, District Superintendent of Nurses, Victorian Order, Montreal, Que.; Miss Elizabeth Russell, Superintendent of Provincial Nurses, Department of Public Health, Manitoba; Miss Jean E. Browne, Director of School Hygiene, Department of Education, Saskatchewan; Miss Elizabeth G. Breeze, Superintendent of School Nurses, Vancouver, B. C.

The public health page of the magazine has been assigned to this committee, which has urged each provincial association to make one of its members responsible for privincial news items. The special representatives so far appointed by the provincial executive are: New Brunswick, Miss Sarah Broph, R.N.; Ontario, Miss E. J. Jamieson, Miss Beryl Knox, Miss Eunice H. Dyke; Manitoba, Miss Elizabeth Russell, R.N.; Alberta, Miss Christine Smith, R.N.; British Columbia, Miss Janet Campbell, R.N.

Address all communications to Chairman of Public Health Section of the Canadian National Association of Trained Nurses—Miss Eunice H. Dyke, City Hall, Toronto, Ontario.

QUESTION BOX

Questions will be forwarded by the chairman to nurses qualified to discuss the particular subjects.

Replies will be published in this department.

## Ontario

In August, 1919, a two weeks' conference of Provincial School Nurses was held in Toronto, arranged by the Provincial Department of Education. Miss Ella Jamieson organized the lectures and round-table conferences held daily, and it was felt that much was accomplished to standardize the work of these isolated nurses.

The Department of Social Service of the University of Toronto has for several years been offering a one-year course of training for social work, with a special course called Medical Social Service which is open to nurses. This autumn, thirteen graduate nurses have enrolled for the academic year.

As a training for any branch of public health nursing, the course has some excellent points. The lectures give a working knowledge of the fundamental principles of social work, and a study of the underlying social and economic conditions of our modern life. As part of the year's work, these student nurses are given supervised field work with various agencies doing medical social work, including the Canadian National Committee of Hygiene, Toronto Department of Public Health, the Provincial Department of Public Health, the Social Service Department of the Toronto General Hospital, and in factories with a staff of industrial nurses, etc. Each student may select field work to prepare her for any definite form of nursing she has in view.

There seems to be an impression abroad that the Toronto Department of Public Health is offering a training course for graduate nurses wishing to take up public health nursing. This is not the case. That

department offers no training course to graduate nurses. At the request of the university, the department gives supervised field work to the nurses enrolled as full time students in the Medical Social Service course at the university. The university is entirely responsible for the whole course.

By an arrangement with the training school committee of Toronto, a limited number of senior pupil nurses selected from those enrolled at the university for medical social work are accepted for field work by the Department of Public Health. These pupil nurses become a part of the staff of the department for a period of two months, returning to their training schools for lectures and meeting during their period of field work for conferences with the department's supervisor of hospital extension work. Provision has been made for seventy pupil nurses during the year ending June, 1920.

Ontario made a beginning in its venereal disease programme with a statute that took effect in July, 1918. A year's experience has justified it, but has revealed certain defects which should be removed. Conferences have been called by the chairman of the Provincial board of Health to consider means of strengthening the Act. Greater clinical facilities are required, and it should be less easy for victims of the disease to evade the compulsory provisions of the law and become a public menace. Ontario's share of the Federal grant will be $57,000, and the late Government had intended to ask the Legislature to duplicate it. No doubt the new Government will avail itself of the Federal offer and enable the province to do its share in the fight against a dreadful scourge.

### Saskatchewan

This year for the first time a school nurse has been appointed on the regular staff of the Regina and Saskatoon Normal Schools. Besides teaching the course in hygiene, outlined below, the Normal School nurses examine the students for physical defects and supervise their health generally. Frequently, in case of absence through illness, it is necessary to visit the boarding places of the students and make arrangements for their proper care. The real object of this work is to teach the teachers-in-training how to care intelligently for the health of their pupils when they go out into schools of their own. We believe this to be the most effective means of safeguarding the health of the school children in Saskatchewan.

## HEALTH EDUCATION

### Course in Saskatchewan Normal Schools

#### First Term—Physiology and Hygiene

In connection with the teaching of physiology, function and hygiene will be stressed.

1. Personal hygiene.
2. (1) Framework of the body,
   (2) Muscles,
   (3) Blood supply,

(4) Nervous system,
(5) Respiratory system,
(6) Digestive system,
(7) Execretory system,
(8) Skin,
(9) Special senses.

3. Care of the eyesight. Diagram showing defects of Myopia, Hyperopia, Astigmatism—Use of Snellen Eye-Test Chart.
4. Care of the teeth.
5. Adenoids and diseased tonsils—diseases associated with these.
6. Tuberculosis.
7. Eugenics; three lectures.
8. Bacteriology; series of lectures.

SECOND TERM—HYGIENE

1. Ventilation—of homes, of schools.
2. Pure water supply:
   (a) Various sources of water supply in Saskatchewan;
   (b) Prevention of pollution of surface wells and springs;
   (c) Conservation of rain water.
3. The posture of school children.
4. Hygienic teaching and the teaching of hygiene.
5. Maintenance of hygienic conditions in the school.
6. Detection and correction of physical defects in pupils.
7. Detection of cases of contagious and parasitic diseases.
8. Indication of health disorders in children for which parents should keep children at home and notify the school.
9. Diet for children.
10. School accidents: Fainting, nose-bleed, wounds, frost bites, burns, scalds, sprains, dislocations, swallowing a pin, foreign body in the eye, foreign body in the ear, foreign body in the nose, epileptic seizures.

ALBERTA

Started this month with Islay School and found some interesting cases of defective vision. One child reading the 200-ft. line at 12 ft., another at 16 ft., etc. The teacher there requested me to read the story of H. M. Germ *two* mornings, and then gave the older pupils the story as their composition subject—hoping in that way to impress the importance of clean teeth. I also found here some children who were walking several miles to school and evidently tired to begin the day, but found a school is being organized in their district shortly. The people in town called me in to their homes very much as they would a doctor, offering fees for any advice given, but it gave me splendid opportunity to explain the P. H. nurses' duty in a community.

Kitscoty School Board having decided to wait until next year before signing up, I was preparing to go on to Blackfoot by train, when a knock came to the door and a little woman was admitted, dissolved in tears and in labor with her first baby.

She had left Lloydminster, where she had a room taken in the hospital, to spend the week-end in Islay, and was consequently overtaken without a room to stay in, or a doctor nearer than Vermilion.

Although the lady I boarded with (a practical nurse) offered to keep her, a consideration of the fact that there was nothing in the house *prepared* for a delivery, and no doctor in case of complications, seemed to me sufficient reason to make a supreme effort to get her back to Lloydminster, if possible, especially since she was a ptoimipera. For the next fifteen minutes things happened in a hurry, and we were on our way and reached the hospital two hours to the good, but it isn't an experience I would care to repeat very often.

After the strain was over and I was waiting for the chauffeur while he had some repairing done to the car, I found that, in the excitement, I had left my purse, and I can assure you I was *some* hungry before I had my next meal at 7 p.m. back in Flowerdale School District.

Here I was held up one whole day owing to a blizzard, and the trips to school were made in a bob-sleigh.

The school is a small one, and, though the children are pretty well up to the average, they seem to be very backward in their studies.

The teacher, just recently arrived from the East, was finding it quite hard; and I wondered if the former teacher was not at fault, since the children speak of him as "Charley," and I suspect he simply let them drift along.

Optimist School being next on my list, I left for Vermilion on Thanksgiving Day, and, meeting Mr. Parker, found that my best plan would be to stay in Vermilion and drive out to the school each day with the teacher.

Because I had to report in Edmonton at the end of the week, I could not risk going on to Willoughby, an isolated school, out of telephone or regular mail service reach, so returned to Vermilion and took in the Bowtell School instead, which kept me busy up to the date of my return, and having inspected all the schools on my list with the exception of Willoughby.

Following the "Provincial Graduate Nurses' Convention" in Edmonton, I left for Calgary, where I am now awaiting further orders from the department.

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### "Kept In" Folly

In a lecture to the London County Council school teachers at King's College, Prof. Hill strongly criticized the practice of punishing children by keeping them in after school hours. Many of their faults were caused by too much sedentary life, and they needed more fresh air and exercise.

# The Diet Kitchen

By Elizabeth Robinson Scovil

### Lemons

The lemon is one of the most useful fruits in the diet kitchen. The potash and other salts and the abundant vegetable acid it contains make it especially valuable as an antiscorbutic. Its pleasant flavor makes a little of the juice a valuable addition to food otherwise monotonous in taste. If it is squeezed on foods rich in fat, it makes them more palatable and more immediately digestible. One authority says that lemon juice can be regarded as having an almost specific action on promoting gastric digestion.

Holding a thin slice freshly cut from a lemon often removes the disagreeable taste when the tongue is coated; its solvent power seems to cleanse the mouth. It may even remove mild nausea.

Strong, sour lemonade, made with a little sugar, does more to diminish the craving of thirst than almost any other liquid. If an effervescent drink is liked, add a small pinch of soda bicarbonate, or any carbonic acid water.

### Baked Lemon

An old-fashioned remedy for hoarseness was a lemon baked for twenty minutes. A slice was then cut from the end and the inside taken out with a teaspoon, sweetened with sugar, and eaten.

### Flaxseed Lemonade

This is a very soothing drink. Pour one quart of boiling water on four tablespoonfuls of whole flaxseed; steep it in a warm place for three hours; strain, sweeten to taste, and add the juice of two lemons. Half the quantity may be made if desired. If the liquid seems too thick, add a little water. The consistency depends upon the amount of juice in the lemon.

### Irish Moss Lemonade

Soak, pick over and wash a quarter of a cup of Irish Moss, usually to be purchased at a drug store. Pour over it one pint of boiling water. Heat to the boiling point, but do not allow it to boil, and keep it at that temperature for half an hour. Strain and squeeze into it the juice of one lemon. Sweeten to taste, remembering that most invalids like very little sugar.

### Mint Lemonade

Some patients are fond of mint lemonade, and it makes a pleasant change. Boil half a cup of sugar and three cups of water for twenty

minutes; stir in half a cup of mint leaves. When cold, add the juice of two small lemons and strain. Serve in a glass half filled with cracked ice.

### Lemon Whey

Heat a pint of milk, but do not allow it to boil. Add six tablespoonfuls of lemon juice, and, when the mixture curdles, strain the whey through cheesecloth. Serve hot or cold.

### Lemon Ice

Boil together a cup of sugar and a pint of water for five minutes. Add the juice of two large lemons, and of one orange if you wish to improve the flavor. When the syrup is cool, strain and freeze it.

If you cannot obtain an ice cream freezer, use a tin pail with a cover; pack it in ice and salt in a wooden pail; twist it in the mixture by the handle, taking off the cover occasionally to scrape down and beat the cream. When fairly solid, pack it for a short time. A little ice cream can be made in a tight baking powder tin. Fill it with water first to see if it leaks. Pack it in ice and salt, removing the cover two or three times to beat the cream.

### Lemon Foam

Put one cup of hot water and a small half cup of sugar in a double boiler. When it boils, add one heaping tablespoon of cornstarch, mixed smooth with cold water, stirring fast as it boils for five minutes. Squeeze in the juice of a small lemon and, when cold, the well-beaten white of one egg, pouring the mixture on it. If desired, a custard can be made from the yolk of the egg, a small cup of milk, a little sugar and flavoring of lemon extract, and poured around the mould of lemon foam when it is turned out.

### Lemon Solid

Dissolve one tablespoonful of granulated gelatine in two tablespoonsful of hot water. Mix together half a cup of sugar, the juice of a lemon and the dissolved gelatine. Beat one egg very light and whip half a cup of cream until stiff. Stir all together and pour in a small mould. Nothing is heated except the gelatine dissolved in the hot water.

The lemon belongs to the citrus family, of which grape fruit, oranges and limes are also members.

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Three nurses graduated from the Canadian Presbyterian Hospital, Kong Moon, China, in November, 1919. Two of the graduates are holding positions as head nurses in a hospital in Canton, and the third is in the hospital at Kong Moon in the same capacity.

In reporting the death of Miss Smith, in China, some time ago, an error was made in naming the place where her death occurred. Miss Smith died at Kiating on February 4th, and not at Tzekintsing on January 4th, as reported.

# The World's Pulse

By Elizabeth Robinson Scovil

### Reported Cure of Leprosy

It is said that leprosy is being cured at the Kalthi Territorial Hospital, Honolulu. Twenty patients have been paroled without the recurrence of the disease. Blood tests have failed to reveal the presence of the germ of leprosy. Chalhmoogra oil, which for fifty years has been known as the specific for this disease, was the only medicine used in the cases reported cured. It had been subjected to a special refining process discovered by the Professor of Chemistry at the University of Hawaii.

### The Waste of War

The British War Office announces that, since the date of armistice, 142,389 officers and 3,258,601 men of other ranks have been demobilized and discharged as medically unfit.

### Edith Cavell's Lawyer

Maitre Gaston deLaval, who defended Edith Cavell at her so-called trial, was a delegate to the International Law Association conference at Portsmouth, England.

### Death of a Prima Donna

Adelina Patti, who died recently at her Welsh home, Craig-y-nos Castle, earned over five million dollars by her voice. She was born in Madrid in 1843, but spent the early years of her life in the United States. She first appeared in public when she was seven years old in New York, and sang then Jenny Lind's famous Echo Song. During the war she did much for wounded soldiers, entertaining them at her Welsh castle, visiting them in the hospitals, and showing them many kindnesses.

### By Air to Australia

The Australian Government has offered a prize of £10,000 for a flight from London to Port Darwin, Australia. The first British machine entered for the flight is an Alliance, fitted with a 450-horsepower engine. It is a two-seater, with the pilot and observer's seats in an enclosed cabin. They are both Australian officers, who feel confident that they will complete the 13,000-mile journey within the stipulated month. As far as Calcutta it will be possible to utilize the long chain of R.A.F. aerodromes for gasoline supplies, minor repairs and tuning up. The route is laid out across France, Switzerland, Italy, Egypt and India, finishing with a 500-mile flight across water to Port Darwin.

### Ambassador to Germany

It is asserted that Great Britain will send an ambassador to Berlin in the near future. This is contrary to the original intention.

### Wooden Houses in England

Under certain conditions and restrictions, the Ministry of Health has decided to permit the erection of wooden dwelling houses in England. The homeless can now have houses within a reasonable period.

### The Railway Strike

During the recent strike of railway men in England, the strikers hoped to win by paralyzing food distribution, and so force the country into instant submission through fear of starvation. It failed because the Government had at hand an immense number of motor lorries, which were immediately utilized for the transportation of food. Thousands of private individuals offered their cars and their services, and, though the population was rationed as during the war, no one suffered for lack of food.

### The Japanese and Pacific Trade

The British islands of the South Pacific, lying between Japan, China and Australia, are extremely rich in natural resources. British money has been invested in the cultivation of hundreds of thousands of acres of cocoanut, rubber, sugar, sisal hemp, cocoa, coffee and tobacco. These tropical products have created a trade which is daily becoming more lucrative. The Japanese, taking advantage of the war and British pre-occupation in other matters, are monopolizing this extremely valuable trade. They have established emporiums, some of them on a vast scale, in the islands, where every article of necessity or luxury is attractively displayed. Their traders speak English, French and German, as well as the native languages. Great Britain is warned that no time is to be lost in reviving her trade unless she wishes to lose it, which would be a serious blow to the commercial ambitions of Australia.

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# Hospitals and Nurses

## NEW BRUNSWICK

At the annual meeting of the New Brunswick Association of Graduate Nurses, held in St. John, Hon. Dr. Roberts, Minister of Health, delivered a very interesting address on the "Registration of All Nurses in the Province of New Brunswick," stating that "fifty per cent. of the toll of mortality could be prevented, and that more deaths were caused by influenza in four months than in the great war covering a period of four-and a-half years. As in warfare, it is important to know the number of forces, so in disease it is important to know the number of nurses and where located, so that, in case of epidemic or an emergency, immediate service may be obtainable."

The New Brunswick Association of Graduate Nurses were asked to obtain a list of all nurses in the province and where located, whether graduate nurses, undergraduates, or experienced, who would be willing to give their services, if needed.

A committee was recently appointed by the New Brunswick Association of Graduate Nurses to take a census of nurses in the province. Miss Ada A. Burns was appointed convener, the committee to be made up of a member of association from each county.

A questionaire was drawn up and copies sent to each member of committee, whose duty it is to find out the nurses living in the county and have them fill out questionaire and return to the convener.

When completed, this list will be kept at the Nurses' Registry, St. John, and the vice-presidents of the New Brunswick Association of Graduate Nurses who are resident in different parts of the province, namely, York, Charlotte, Albert and Northumberland counties, will be given a list of nurses residing in their district, so that, in time of epidemic or emergency, the Minister of Health, needing nurses for any county, may obtain them through the vice-president for that county.

Mrs. Hanington, Chief Superintendent of Victorian Order of Nurses for Canada, and Miss Christine Hall, Inspector of Nurses for the Order, visited St. John recently on business connected with the Order.

A nurses' meeting held in the Imperial Theatre in connection with the Women's Institute was addressed by Hon. Dr. Roberts and Mrs. Hanington on child welfare, at the conclusion of which moving pictures were shown demonstrating child welfare clinics.

The annual meeting of the St. John Association for the Prevention of Tuberculosis was held in the Board of Trade rooms, St. John, this week.

Dr. Laws, superintendent of the St. John County Hospital, referred to the climatic conditions of St. John in regard to its effect on tuberculosis, stating that this climate was as good for the treatment of the disease as anywhere on the continent. In the course of his address, Dr. Laws urged more publicity for the work of the association, and a strong educational propaganda in the interests of prevention.

Dr. J. F. L. Brown, district medical health officer, submitted a short but concise report showing that the death rate from tuberculosis had been considerably reduced. In 1917-1918, one hundred and seventy-five cases had been reported, with ninety-five deaths, and in 1918-1919 there were one hundred and forty-five cases, with seventy-eight deaths, showing a happy falling off in the number of cases and the death rate.

Nursing Sister Nan Eastabrooks, who recently returned from overseas, has been appointed matron of the D. S. C. R. Hospital at Fredericton, N.B.

Nursing Sister Mary Barnhill has returned from her trip to the coast, and has accepted a position on the staff of the D. S. C. R. Hospital at Fredericton, N.B.

Miss Alberta Burns, Miss Irene Kelly and Miss Hazel Latimer, of St. John, have left for Ottawa to enter the V. O. N.

On Thursday evening, November 6th, a very enjoyable reception and bridge was held in Bond's Tea Rooms by the Local Chapter of the New Brunswick Association of Graduate Nurses. It was given as a "welcome home" to the nurses who have recently returned from overseas, and arranged by a committee consisting of Mrs. L. Dunlop (convener), Mrs. Burnham, Mrs. Vaughan and Miss McCullough, assisted by a reception committee of Misses Murdoch, Mitchell and McGaffigan. The guests of the evening were Nursing Sisters Gaskin, Donohue, Dunham, Steeves, Estabrooks, Gerow, Warner, Dickson, (Mrs.) Foss, (Mrs.) Barbour, Newlands, (Mrs.) Chalmers, Granville, Powers, Cambridge, Shea. The prizes were won by Mrs. D. C. Malcolm and Miss Margaret Dunham. Consolation prize by Mrs. J. M. Barry. After a very pleasant evening of bridge, dainty refreshments were served, and the party broke up, all voting it a great success.

* * * *

## QUEBEC

### Sherbrooke

Miss M. Cole, R.N., graduate of the Montreal General Hospital, has accepted the position of superintendent of nurses in the Sherbrooke Protestant Hospital, with Miss Olive Barwick as her assistant and Miss Pharoah as night superintendent.

The dedication of the Nurses' Home took place on Saturday, October 25th. The service was opened by the Rev. Mr. Day, former pastor of the Congregational Church, after which ministers of the different

churches took part, the address being given by Rev. C. Ellery Read. At the close of the address a social hour was spent, and a very pleasant welcome was given to Miss Cole and Miss Barwick.

Miss Ord, who, since her return from overseas, has been staying at her home in Barry, has returned to Sherbrooke to take up private nursing.

The graduation nurses of the Sherbrooke Hospitals were the hostesses last evening at a "masquerade" dinner given at the Nurses' Home in honor of Mrs. Gordon and Miss Kennedy, who are leaving that institution. Covers were laid for fifteen.

* * * *

## ONTARIO

An interesting party was held recently at the Nurses' Residence, Toronto General Hospital, when the graduates of 1916 met together to talk over old times and to welcome those of their class recently returned from overseas. About thirty-five members were present, and Miss Turner and Miss Gunn dropped in during the evening and helped to recall training days, first night terms, and other landmarks that occur in every would-be nurse's career.

Among those returned from overseas who were present were Miss Brooks, Miss Hanna, Miss Detweiler, Miss Cryderman, Miss Matheson, Miss Radcliff, Miss Murray, Miss McLaren and Miss McDonald.

### Hamilton

Miss Bessie Street has gone to Winnipeg to work under the Board of Health.

Miss Annie Boyd, one of our overseas nurses, has taken charge of the Dunnville Hospital.

### Niagara Falls

The graduate nurses of the General Hospital recently organized an Alumnae Society, with the following officers for the ensuing year: Hon. president, Miss M. S. Park (superintendent); president, Miss Isabella Hanna; 1st vice-president, Miss J. Muir Brown; 2nd vice-president, Miss Harriet Campbell; treasurer, Miss Daisy Henry; secretary, Miss Jennie M. Allan; visiting committee, Misses West and Prest. Meetings to be held the second Wednesday of each month at the Nurses' Home.

### Brantford

The regular monthly meeting of the Alumnae Association of the Brantford General Hospital was held on Tuesday, October 14th, with a good attendance. Final arrangements were made for the annual bazaar, which is being held on the evening of December 4th, and which promises to be an interesting feature.

Miss Hannah E. Day (graduate B. G. H., 1918) recently said good-bye to a host of friends before leaving for far-away India, where she will

take up work in the Baptist Mission field. Miss Day did private duty in the city for some time after graduating. She expects to arrive at her destination on Christmas Day, and is followed by the best wishes of our association.

Miss Ina Mae Jones, who is visiting friends in the city, expects to return shortly to Philadelphia to take a position in the hospital, where she recently completed a post-graduate course.

### Kingston

The regular meeting of the Nurses' Alumnae of the K. G. H. was held on Tuesday afternoon at the Nurses' Home, with the new president, Miss P. Martin, in the chair.

During the afternoon Dr. McCallum gave a most interesting lecture on "Tuberculosis." The sum of one hundred dollars was voted to buy linen for the Nurses' Home, also money to buy Christmas treats for patients on the public ward of the K. G. H.

During the summer the sum of eight hundred dollars was spent to buy beds, linen and rugs for the new home; also seventy-five dollars for chairs for the old Nurses' Home.

Two picnics were held during the summer holidays, which were very much enjoyed by all.

Miss Nora Crozier (K. G. H., 1919), who was formerly superintendent of the Verdun Hospital, Montreal, for a number of years and resigned to take post-graduate work in New York, is now night superintendent of the K. G. Hospital.

Miss Avery, graduate of K. G. H., 1919, has been appointed superintendent of the Verdun Hospital, Montreal.

Miss Cochrane (K. G. H., 1919) has been appointed operating-room nurse, the vacancy being caused by the removal of Miss Smith, who left to take a post-graduate course in the Manhattan Hospital, New York.

On October 1st, the Nurses' Alumnae entertained the overseas nurses to a reception held in the Nurses' Home. About seventy-five attended, musical selections being given during the evening and refreshments served.

During the visit of the Prince of Wales to Kingston, Miss Hinchy was decorated by His Royal Highness; also a number of nursing sisters who are in the city doing duty at the different military hospitals.

Matron B. Willoughby (K. G.H., 1908), who was former superintendent of the K. G. H., has returned from overseas and is now matron of the Sydenham Military Hospital, Kingston. While overseas, Miss Willoughby was presented with the R.R.C., O.B.E. and the Mons star.

### Sarnia

A pleasant feature of the evening, during the programme, was a message of congratulation and good wishes sent to the new graduates by Miss Florence Darville, former superintendent of the Sarnia General Hospital.

The graduating exercises of the Sarnia General Hospital, Class 1919, were held in the City Hall on the evening of October 14th, 1919. The following nurses graduated: Misses Gladys Ford, Florence Chandler, Pearl Lumby, Edith Mills, Edith Gustin, Doris Jefferson, Margaret Noble, Carrie Young and Mrs. Finkbeiner.

The report of the training school was given by Miss Thompson, superintendent of the school. After the Florence Nightingale pledge was taken by the graduates and the diplomas and medals presented, an enjoyable programme of music was given. Rev. Canon Davis addressed the graduates.

At the close of the exercises a dance was enjoyed by a large number of those present. The Ladies' Aid served ice cream and cake.

* * * *

## ALBERTA

Misses de Turberville and Corbin, who served overseas with the American Red Cross Society and had much valuable experience in district work among the French back of the lines, have offered their services in connection with public health work in the Peace River District of Alberta. Their appointment to this district dates from November, and the enthusiasm and experience which they bring to their work should ensure its unqualified success.

* * * *

## BRITISH COLUMBIA

Miss Mary Browne, who was formerly matron of the Cumberland General Hospital, and who had leave of absence overseas during the war, has returned, and resumed her duties in the hospital. Miss Katherine Campbell, R.N., who has been filling the position, has left to take a special post-graduate course at the Woman's Hospital, New York. Before her departure, she was presented with a travelling bag by the board of directors and the nursing staff.

### Invermere

The annual bazaar and sale of work, as conducted by the Ladies' Auxiliary of the Windermere District Hospital, was held again this year on the 29th of November. A keen spirit of kindly rivalry was manifested in the competition of the sales ladies of the various stalls representing the different centres. Those taking an active part in the work were especially gratified over the financial results, which brought in well over two hundred and fifty dollars for the afternoon's sale. Of this amount, not less than ninety dollars was realized through the sale of the work made by the members of the newly-formed Girls' Auxiliary branch of the Ladies' Aid, the members of which have been working under the direct guidance of Mrs. James L. McKay, of Athalmer, assisted by Miss Bell and Miss Myrtle Cleland. Mrs. B. G. Hamilton, as president of the Ladies' Aid,

and Miss E. M. Kittle, as secretary, had the chief executive work to do in carrying out the programme, and in their work were ably assisted by all the members of the organization.

The general quarterly meeting of the G. N. A. of B. C. will be held January 10th, at 8 p.m., at the Nurses' Residence, Royal Jubilee Hospital, Victoria. A full attendance is desired.

## BIRTHS

SCHWAN—At Vancouver General Hospital, on November 25th, 1919, to Mr. and Mrs. Wm. G. Schwan, a son.

CHUTTER—At Vancouver General Hospital, on December 4th, 1919, to Capt. and Mrs. T. S. Chutter, a son.

DUNLOP—At St. John, N. B., on November 23rd, 1919, to Dr. and Mrs. F. T. Dunlop (nee Marion DeBloise Millidge, G. P. H.), a son, Bryden DeBloise.

PIEPER—At Cameron Falls, Ont., on September 28th, 1919, to Mr. and Mrs. Edward C. Pieper (nee Miss Koelln, graduate of Kitchener and Waterloo Hospital, Class 1911), a daughter, Delkene Jane Algeo.

SMITH—At the Kingston (Ontario) General Hospital, on August 21st, 1919, to Mr. and Mrs. Sidney Smith, a son. (Mrs. Smith was formerly Miss Clara Chant, 1913.)

## MARRIAGES

CARSON-BRADLEY—At Kingston, in Sydenham Street Methodist Church, by the Rev. W. T. G. Brown, Matron Ethel Hall Bradley, K. G. H., 1912, to Kenneth Carson. Miss Bradley was matron of Ongwanada Military Hospital for three years, and then went overseas for a year, returning a short time ago.

CRAWFORD-HAMILTON—At St. Andrew's Church, Sarnia, Ont., on September 3rd, 1919, Leonard Crawford to Priscilla Hamilton, of Winterbourne, Ont. Miss Hamilton was a graduate of Class '13, S. G. H.

ELLIOTT-MILLER—In Sarnia, on March 14th, 1919, Mr. Fleming Elliott to Mary Miller, both of Sarnia. Miss Miller is a graduate of the General Hospital, Chatham, Class '14.

FERGUSON-WRIGHT—In Christ Church, Gananoque, on June 30th, 1919, by the Rev. W. Cox, John Ferguson, B. Sc., of Sudbury, to Miss Annie Wright (K. G. H., '13).

FINKBEINER-TREMAINE—In Sarnia, on June 11th, 1919, Mr. Samuel Finkbeiner to Frances Tremaine, of London, Ont. Miss Tremaine is a graduate of Class 1919.

GRIFFITH-WHITE—In Montreal, on September 5th, 1919, Eleanor A. White to David Griffith, of Montreal.

KERR-SIMMONS—At Cooke's Church, Kingston, on September 8th, 1919, by the Rev. Taylor Dale, Ethel Simmons (K. G. M., 1919) to Meryl Kerr, of Niagara Falls.

LESLIE-MCNAUGHTON—At Trinity Episcopalian Church, Michigan Boulevard, Chicago, on November 1st, 1919, by the Rev. C. W. Clinch, Catherine McNaughton, R.N., of Clinton, Ont. (graduate of the Illinois General Hospital, Chicago, Class 1905, and a member of the Toronto Graduate Nurses' Central Registry and the Florence Nightingale Association of Toronto), to Jack Dawson Leslie, of Oakland, Cal.

MCNABB-RYAN—At Calgary, June 10th, 1919, Margaret A. Ryan, graduate of T. H. F. C., Weston, Ontario, Class 1915, to Reuben Chester C. McNabb, of Calgary.

OLIVER-BROWN—At Vancouver, on October 15th, 1919, Mr. Bert Oliver, of Chicago, to Alma E. Brown (V. G. H., 1917).

PETTON-FYFE—In Toronto, in July, Mary Fyfe (K. G. H., 1919) to Harry Petton, M.D., Kemptville, Ont.

SMITH-KLEM—In Toronto, on September 3rd, 1919, Roy Foster Smith, B. Sc., of Trenton, to Miss Meta Klem (K. G. H., '15), of Carleton Place.

WILLOUGHBY-MACCALLUM—In St. Andrew's Presbyterian Church, Kingston, by the Rev. Mr. Stephens, October 8th, 1919, Florence MacCallum (K. G. H., 1912) to John Willoughby, M.D., of the S. C. R., Kingston. Both bride and groom served overseas during the war.

## DEATHS

FURNESS—In Montreal, on Tuesday, November 11th, 1919, Beryl Earle, beloved wife of A. W. Furness, M.D., of Sherbrooke Street, West.

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Slum gullion is the same as hash, except for the extra two-and-a-half syllables. Hash would be a much shorter and convenient name for it, but nothing is popular in the army that cuts down the paper work.

—*Baer.*


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## OBJECT LESSONS IN MOTHERCRAFT

One elementary school in East London teaches mothercraft to the older girls. It is a Jewish school, and is certainly an example worthy of emulation by the schools in this Dominion. The head mistress states that the pupils "are awakened to the fact that there is a science in rearing babies. In addition, they learn to respect their mothers more for nursing their babies." We need more of this respect for parents in Canada.

The programme is, briefly, as follows:

*Time Spent.*—During the last year of the girl's school life (13-14 years), one hour a week for six months is spent on definite lessons in infant care. In addition, two visits, each lasting about two hours, are paid by every girl to a local day nursery.

*Theory.*—In preparing for the work, the science lesson preceding the infant care lessons include the physiology of the adolescent girl. Physiology is taught for a year, one hour a week.

The infant care lessons include care of the mother; how to feed, clothe, wash and instil good habits, and the treatment of minor ailments of infants.

*Practical Work.*—At the Creche the work includes weighing, bathing, dressing, preparing bottles and barley water. The girls also prepare the food and feed the children and play with those from two to five years of age.

It is admitted that the standard of maternal care in East London is highest in Jewish homes. No wonder!

Solomon said of the Jewish mother: "Her price is far above rubies; strength and honor are her clothing; she openeth her mouth with wisdom, and on her tongue is the law of kindness; she looketh well to the ways of her household, and eateth not the bread of idleness; her children arise up and call her blessed; her husband also."—*Conservation.*

## THE LIGHT THAT LIES WITHIN THE EYES

Dr. Curtis stated that the Optometry apartment structure will have the distinction of being the only like building in the state with the name "Optometry Apartments," the significance of which is "light and science." In the same facade above the entrance the title will be emblazoned, while above this a large transparent eye will be set into the masonry. This will be illuminated at night, giving it the appearance of a true human eye.

—*LaPorte Argus.*

## KEEP THE STREETS CLEAN

Drop it anywhere! Nobody cares! Anyway, one little cigarette box, or the wrapper off chewing gum, or the envelope from the letter—surely, one would not call dropping them on the sidewalk littering the street! But if each citizen, young and old, drops a paper on the public streets, the cumulative effect will not be pleasant to behold.

In many of our towns and cities, boxes are placed on the streets for the deposit of waste paper. Where such are not available, however, it is no hardship to carry small paper wrappers until they can be properly disposed of. Cigarette and gum containers are not out of place in the pocket until empty: Keep them there, and, for the sake of cleanly appearance of the streets and of that civic pride which is essential to the general prosperity of the home town, keep scraps of paper off the street.

## WAR STRATEGY

A baldheaded man, sitting in front of a little boy at church, was scratching the fringe of his remaining hair.

The little fellow became interested, and, leading over, said:

"Say, mister, you'll never get him there. Run him out in the open."

## HANDICAPPED

"Golf is a rich man's game."

"Ridiculous nonsense. I have yet to see a rich man who can do the course in less than a hundred."—Detroit *Free Press.*

Keep in your heart a shrine to the ideal, and upon this altar let the fire never die.

The offspring of noble men and women will be superior to themselves, as their aspirations are. By their fruits ye shall know them.

It is what we think and what we do that make us what we are.

Let it fill you with cheerfulness and exalted feeling that God is leading you on, girding you for a work, preparing you for a good that is worthy of His divine magnificence. If God is really preparing us all to become that which is the very highest and best thing possible, there ought never to be a discouraged or uncheerful being in the world.

HORACE BUSHNELL.

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"Well, well," said the pompous doctor, "and how has our little one been in the interim?"

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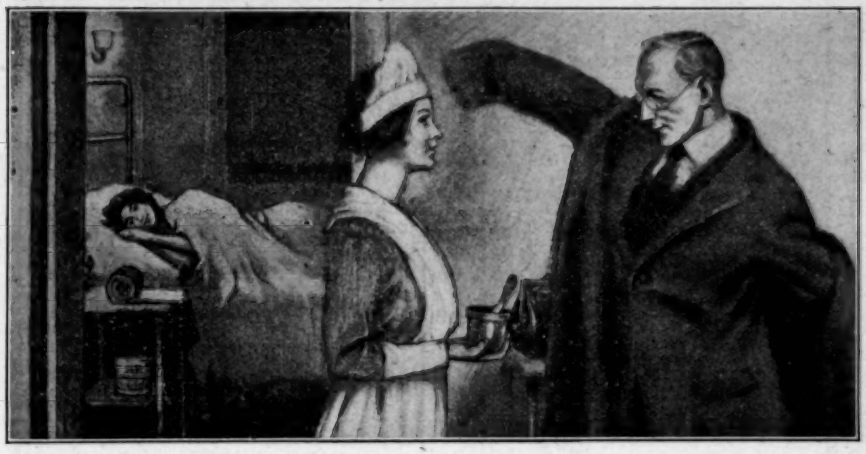

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## AND HOSPITAL REVIEW

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